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Developing a Spiritual Health And Life-Orientation Measure for secondary school students.

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Developing a Spiritual Health And Life-Orientation Measure for secondary school students.

ABSTRACT

The problem posed in this project was the development of an instrument to give a balanced assessment of young people's spiritual health. Spiritual health is a dynamic state of being, which can be reflected in how well people relate in up to four domains of human existence, namely with themselves; with others; with the environment; and/or with a Transcendent Other. A convenience sample of 850 secondary students in State, Catholic, Christian Community and other independent schools in Ballarat and western suburbs of Melbourne were surveyed during 1999 to determine how important they considered each of the four sets of relationships to be for an ideal state of spiritual health (called Life-Orientation). They also expressed how each area reflected their personal experience most of the time (called Spiritual Health). Extensive factor analysis enabled the original 60-item instrument to be reduced to a reliable, compact 25-item Spiritual Health And Life-Orientation Measure (SHALOM for short). Analysis of variance and t-tests revealed significant variations between students' views when compared by school type, gender, and year level.

SHALOM has advantages over previous instruments in that it is balanced across the four domains of spiritual well-being, is more sensitive, and it compares people's stated ideal position, with their lived experience, not others', in determining the quality of relationships which constitute their spiritual well-being.

INTRODUCTION

Much of the increasing literature reporting on spiritual well-being has focussed on the quality of life in the elderly and people with terminal illnesses, such as cancer and AIDS. Most of the literature cited in this area comes from nursing and associated journals. Interest in spirituality has also featured in health education journals over the last three decades. Following the 1992 Education (Schools) Act in the UK, the 'spiritual development of all pupils' has been seen as 'a compulsory part of the curriculum.' The curriculum reforms in Australia saw the notion of students' spiritual well-being featuring in national and state documents for the first time in 1994.

According to Scott et al.[1], it was 'in conjunction with the social indicators movement in the 1960's and 1970's' that 'the US government tried to develop measures and indicators to assess whether or not the quality of life of U.S. citizens was improving.' This led to the development of a variety of measures of spiritual well-being, which has been conceptualised as harmonious relationships – with self, others, God, and the world (National Interfaith Coalition on Aging 1975). Early measures of spiritual well-being (SWB) designed by Moberg[2] and Ellison[3] were highly biassed towards a religious/God orientation, thus skewing the results toward this relationship at the expense of the other three.

Other quantitative attempts at measuring spiritual well-being also fall short of the balanced approach necessary for an inclusive appreciation of the notion. In these instruments there was a heavy emphasis on relationships with oneself [4-9], while others focussed exclusively or almost so on the religious or relationship with God[10-11]. Some instruments had no 'God' items[12-13]; one had no items relating to others[14]. There was an overall lack of items on relationship with the environment for spiritual well-being; several had no items for this domain[2,3,15-19].

Of the few qualitative approaches to assessing spiritual well-being[20-23], the one by Burkhardt & Nagai-Jacobson[21] offers an excellent balance over the four sets of relationships.

Unfortunately it would be very time consuming to complete and not convenient to use for comparing the views of a large sample.

No references to the assessment of the spiritual well-being of secondary school students was found in an extensive literature search using Current Contents, MEDLINE, PsycLIT, CINAHL, FirstSearch, EBSCOhost and Sociofile. The challenge addressed in this research was to develop an instrument which would give a balanced assessment of young people's spiritual health. According to the author's model, spiritual health can be reflected in how well people relate in up to four domains of human existence, namely with themselves (Personal); with others (Communal); with the environment (Environmental); and/or with some-thing or some-one beyond the human level (Transcendental)[24]. I believed that an instrument made to assess the state of spiritual health of secondary school students should have general applicability to adolescents and adults in communities of similar composition to the multicultural sample surveyed in this project.

DEVELOPMENT OF THE SPIRITUAL HEALTH MEASURES

Stage One

The author's model of spiritual health (Table 1) was used as the theoretical basis to extract 24 items from a total pool of 150 questions related to views on the term *spiritual* held by 311 teachers in the south west of England. As part of this study, factor analysis distributed the 24 items into four distinct components which comprised an overall index of spiritual health, entitled the Spiritual Health in Four Domains Index (SH4DI).[29] The Environmental factor in this instrument concentrated on caring for, not connecting with, the environment.

Stage Two

A recent investigation of the views of 150 teachers in Victoria showed that a 40-item instrument comprised a valid overall measure of spiritual well-being (Alpha = 0.92, with all item-total correlation values > 0.5 except for one, which was 0.41). The items derived from

the author's model of spiritual health were equally distributed in four separate domains. They also showed coherence as distinct factors in assessing spiritual well-being.[30]

CURRENT DEVELOPMENT OF A SPIRITUAL AND LIFE-ORIENTATION HEALTH MEASURE (SHALOM)

The 40-item instrument was refined and extended to contain 48 items, of which 12 related to each of the four domains of spiritual well-being, namely the Personal, Communal, Environmental and Transcendental domains.

Table 1 A Model of Spiritual Health

	DOMAINS OF SPIRITUAL WELL-BEING			
	PERSONAL	COMMUNAL	ENVIRONMENTAL	TRANSCENDENTAL
KNOWLEDGE ASPECT -filtered by world-view INSPIRATIONAL ASPECT - *essence* and motivation - filtered by beliefs	meaning, purpose, and values - human spirit creates *self-awareness*	morality, culture, and religion - *in-depth inter-personal relations* - reaching the heart of humanity	beyond care, nurture and stewardship of the physical, eco-political and social environment to c*onnectedness with Nature*/Creation	transcendent Other - ultimate concern Tillich - cosmic force New Age - God, for Christians Jews & Moslems *Faith*
EXPRESSED AS	- joy, fulfilment, -peace, patience - freedom, - humility - identity, integrity - self-esteem	- love - forgiveness - justice - hope & faith in humanity - trust - service	- sense of awe and wonder - valuing Nature/ Creation	adoration & worship, being: - at one with Creator - of the essence of the universe - in tune with God

Twelve additional items, which reflected Rational attributes, will be reported later. They were excluded from this report because rational attributes cannot theoretically be contained in a *spiritual* health measure, which investigates transcendence, beyond the mind, or rational thought processes.

Sample.

The instrument, called by the acronym SHALOM, was administered to a selected, convenience sample of 850 students in four different types of secondary schools (State, Catholic, Christian Community and other independent schools) in Ballarat, a regional city, and western suburbs of Melbourne. The schools are labelled A-D in order of increasing size

of population sample, not in the order listed above so the schools will not be readily identified. The distribution of students in this study is shown in Table 2.

Table 2 Distribution of students by school type, year level and gender

School	A		B		C		D		total		
Year	b	g	b	g	b	g	b	g	b	g	Total
7			26	36	24	23	50	30	100	89	189
8	11	9	20	16*	34	21	31	28	96	74	171
9			16	13	35	33	45	34	96	80	176
10	34	49	5	8	17	21	40	30	96	108	204
11					7	10	28	22	35	32	67
12							14	28	14	28	42
total	45	58	67	73	117	108	208	172	437	411	
Total	103		141		225		381*		848*		850

NB * = 2 unspecified

Approximately a quarter of the students surveyed came from non-English speaking backgrounds.

Procedure.

The instructions given to the students are written at the top of SHALOM, shown in Appendix A. Students were asked to respond on two 5-point Likert scales for each item. Their responses to column a) were used to constitute the Spiritual Life-Orientation Measure (SLOM). The responses to column b) made up the Spiritual Health Measure (SHM).

The students did the Spiritual Well-Being Scale (SWBS)[3] after completing SHALOM.

Confidentiality of results was assured with a written report, interpreting the students' data, being presented to the Principal of each school by the researcher. Students' questionnaires were retained by the researcher.

Data analysis.

The SPSS for Windows statistical package was used for item and factor analyses, as well as ANOVA and regression analyses.

Results:

Item analysis.

The full range of values from 1-5 was recorded on each of the 48 items in both the Ideal (column a) and Feel (column b) sections of SHALOM. In a series of analyses, corrected item-total correlations were calculated for the 48 item scales (Ideal and Feel) as well as for

each of the four hypothesised subscales (Personal, Communal, Environmental and Transcendental). All of the 48 items showed item-total correlations greater than 0.44 (44/48 were >0.5 for Ideal and 42/48 were > 0.5 for Feel) showing that all of these items cohere as a valid indicator of spiritual well-being.

Factor analysis.

To reduce the size of the instrument, factor analysis was employed to help determine which items best reflected valid factors for assessing spiritual health. Principal Component Analysis (PCA) extraction was used to identify the independent factors underlying the observed data. Oblimin Rotation with Kaiser Normalization was employed to optimise the four factors, which correlated with each other.

The five items with highest item-total correlation values from each of the four key factors in Ideal and Feel, and the Personal, Communal, Environmental and Transcendental subscales were entered into a factor analysis with PCA extraction and Oblimin Rotation. The Personal, Communal, Environmental and Transcendental factors for the Ideal category of SHALOM were defined as comprising the Spiritual Life-Orientation Measure (SLOM), whereas those for the Feel category made up the Spiritual Health Measure (SHM).

All items loaded on expected factors at a level of 0.4 or higher, except for factor C5 for the SHM. But, they were all greater than 0.3, which is the minimum acceptable value for this sized sample. The Personal and Communal items coalesced into a single factor when the ideal state of spiritual health was considered. This finding is consistent with the progressive synergism postulated to exist between these two domains of spiritual well-being, according to the author's model of spiritual health. However, on the SHM, the lived experience (Feel category), these two sets of five items (Personal & Communal) factored discretely (see Table 3).

When the results for SLOM and SHM were analysed for each school, by gender, and by split halves, the same basic composition of factors was revealed, with minor variations. As item C5 adhered to the Personal factor for schools B and C, to reduce any ambiguity, it will be reworded as 'forgiveness toward others' to locate it clearly in the Communal domain.

Table 3 Factor analysis results for SHALOM

		SLOM				SHM			
item	**Factor**/Component	1	2	3		1	2	3	4
Personal									
P1	meaning	.51				.78			
P2	inner peace	.47				.53			
P3	identity	.70				.77			
P4	joy	.74				.71			
P5	self-awareness	.76				.70			
Communal									
C1	love others	.48							.76
C2	trust	.71							.70
C3	kindness	.71							.85
C4	respect others	.71							.63
C5	forgiveness	.59							.38
Environmental									
E1	env. harmony		.74					.76	
E2	connect with nature		.84					.83	
E3	env. 'magic'		.89					.88	
E4	one with nature		.87					.84	
E5	awe at view		.62					.52	
Transcendental									
T1	oneness with God			.87			-.86		
T2	relation with divine			.88			-.90		
T3	worship Creator			.87			-.84		
T4	prayer			.87			-.86		
T5	peace with God			.83			-.83		
Total									
KMO/ total variance		.925 / 61.8%				.907 / 62.7%			

NB Extraction Method: Principal Component Analysis
Rotation Method: Oblimin with Kaiser Normalization.

With the exception of the overlap between the Personal and Communal factors in SLOM, the moderate correlations among factors on SLOM and SHM suggests that each represents a unique dimension of spiritual health related to the others, without being superfluous (see Table 4 for details).

Table 4 Correlations among factors and total measures in SLOM and SHM for SHALOM

		Spiritual Life-Orientation Measure				
Factors	SHM	Personal	Communal	Environmental	Transcendental	SLOM
Personal	0.78		0.66	0.49	0.42	0.80
Communal	0.74	0.61		0.37	0.52	0.80
Environmental	0.68	0.46	0.37		0.20	0.67
Transcendental	0.71	0.34	0.34	0.18		0.76
	Spiritual Health Measure					NB p<.01 for all correlations

The consistency of factor analyses across the school types, by gender and split halves is taken to represent a significant measure of construct validity for SHALOM.

Limitations.

As the students participated in this survey on a voluntary basis, it was interesting to note that the greatest number of students abstaining or not completing the questionnaire were located in Year 10 classes across each school type.

At least 90 per cent of students responded to each of the items included in these analyses.

As there was significant correlation between the items and factors in SHALOM, the factor scores used in this study were obtained by averaging the item values of three or more items in each factor. The SLOM and SHM scales were obtained by averaging the Personal, Communal, Environmental and Transcendental factor scores for each category of SHALOM.

As this project collected survey data from relatively small convenience samples of students in four different schools, the findings cannot be considered indicative of school type.

Concurrent validation study.

The Spiritual Well-Being Scale (SWBS) is the generally accepted instrument which has been widely used to measure spiritual well-being in a variety of groups[25-26]. However, the SWBS has several limitations in that it is designed to be primarily used with religious populations, with 10 of its 20 items reflecting relationships with God (called Religious Well-Being – RWB). It also has ceiling problems and is negatively skewed[18,p.476]. However, the Religious Well-Being scale of the SWBS was considered to be the best available instrument to compare with the Transcendental factor of SHM. The Existential Well-Being scale of SWBS, which is not comprised of a single factor even though it is written about as if it is, differs to a marked extent from the Communal and Environmental factors in SHALOM. Some theoretical comparison can be drawn between EWB and the Personal factor in the SHM section of SHALOM.

Table 5 Pearson Correlation between SWBS and SHM factors in SHALOM

	Domains of SWB – SHM factors				SHM section of SHALOM
	Personal	Communal	Environmental	Transcendental	
EWB	.45	.33	.19	.26	.41
RWB	.22	.22	.04[a]	.82	.52
SWBS	.37	.32	.12	.74	.58

NB a. All correlations were significant at the 0.01 level, except Environmental with RWB.

The Pearson correlation coefficients listed in Table 5 show values commensurate with the theoretical positions described above, giving external validation to SHALOM in comparison with SWBS.

Reliability.

The two 20-item sections of SHALOM scored high internal consistency, with Kaiser-Meyer-Olkin Measures of Sampling Adequacy (KMO) of .925 for SLOM and .907 for SHM.

The four sets of five items assigned to each of the factors (Personal, Communal, Environmental, Transcendental) were examined for their reliability as subscales and were found to have KMO values ranging from .70 to .89 by school type, gender and split halves, which are acceptable levels indicating reliability of the SHALOM instrument.

In order to assess its stability, a convenience sample of 275 students from school D re-sat a reduced version of SHALOM three months after they had completed the full version. Pearson r values of .82 for SLOM and .83 for SHM were obtained. Significant variations were found between test and re-test results for the E and T factors indicating either changes due to the administration of the instrument, from 60 to 25 items, or sensitivity of SHALOM to changes in life experience of young people over a three month period. Test-retest data for the reduced measure will be forthcoming to further assess the stability of SHALOM.

Discussion:

Moberg drew attention to the need for humility when working in the area of measuring spiritual well-being[27,p.359]. With this in mind, it is pleasing to report that the four factors of spiritual health that emerged from factor analysis of SHALOM correspond to elements of the four domains of spiritual well-being described in model of spiritual health on which SHALOM is based. We cannot hope to exhaustively cover all the features of each of the domains of spiritual well-being with five questions for each. The number of questions needs to be limited for efficient administration of the instrument. It is hoped, however, that the stringent process applied to the development of SHALOM will have yielded the salient features of

each of the domains to make the overall instrument a balanced, sensitive, flexible tool for assessing spiritual health of individuals and groups.

Testing the whole sample, by school, by gender, and by split halves and comparison with SWBS has shown SHALOM to have good initial validity and reliability, with promise as a research instrument. Further studies are in progress with samples of state school chaplains, tertiary students and nurses. Other studies are planned with selected groups within communities to further evaluate the construct validity of SHALOM and to establish norms for these groups.

APPLICATION OF SHALOM

Categorising Spiritual Health:

Assessing a person's state of spiritual health is one matter; using the information to help improve quality of life is another. As was mentioned in the introduction to this paper, if sufficient time exists, for example in an extended counselling session, Burkhardt's qualitative approach to examining spiritual well-being[21] is an excellent strategy, which offers balanced enquiry across the four domains of spiritual well-being. In schools, hospices and hospitals, however, most staff do not have the time for in-depth communication with individuals to ascertain their deepest needs which impact on their spiritual well-being. So, how can people be encouraged to share of themselves in a way in which concerned carers can obtain and use the information to help enhance quality of life in the spiritual dimension?

Previous spiritual health measures have relied on people giving one set of responses to a series of questions, with the level of their SWB being compared with others'. A set of norms could be developed if sufficient information was obtained using one instrument. It is difficult to obtain norms for a whole community as not everyone is willing to participate in surveys; statistical procedures are designed to help obtain valid measures across groups, but there is no certainty that a subset of the population will not opt out of a study for whatever reason. When investigating a sensitive area such as people's spiritual well-being, their level of involvement could be influenced by the trust they place in the person administering the survey, as well as knowing how the information is to be used. The SWBS has been used

extensively with religious groups and convicts, so comparative data are available for these groups with this instrument. There are, however, many other people for whom norms have not been established.

The notion of a norm of spiritual well-being is in itself problematic. People's spiritual health depends on their world-view and beliefs as well as lived experience[24,p.33], so development of a single measure, which purports to be an objective standard by which to compare people, challenges the multifaceted nature of spiritual well-being.

SHALOM provides a means by which some of the above problems can be addressed. The full instrument takes about ten minutes to complete, including the demographic details. (The SHALOM instrument shown in Appendix A contains five items which assess a person's Rational attributes, an adjunct measure to SWB.) Spiritual health is indicated by the quality of relationships in up to four domains of spiritual well-being. These domains are of varying importance to people depending on their world-view and beliefs. An advantage of SHALOM as an instrument for measuring spiritual health is that it compares each person's stated ideal with how s/he feels (lived experience) in each of the four domains of spiritual well-being. The quality of relationship in each domain has two components:

1. The magnitude of the person's lived experience.
2. The difference (degree of harmony) between a person's stated ideal and lived experience.

On this self-reporting instrument, people indicate on a 5-point scale (from Very High to Very Low) what they think constitutes an ideal state of spiritual health and how they feel about each area, most of the time.

The previous sections of this paper have presented statistical evidence to support the claim that SHALOM is a valid and reliable measure of a person's level of health in each domain of spiritual well-being.

The magnitude of a person's spiritual health is measured on four factor scales (for Personal, Communal, Environmental and Transcendental) and the complete SHM within the range 1-5. The following *descriptives* are proposed as a basis for stimulating further discussion on levels of spiritual health:

If the magnitude is > 4.5, this would indicate *vibrant* spiritual well-being in that domain or overall;
from 3.5-4.499 would be *good*; 2.5-3.499 would be *moderate*; 1.5-2.499 *lethargic*;<1.5 *depressed*.

In describing the difference between the mean scores for Ideal (SLOM) and Feel (SHM):
<1.0 would be *harmonious*; 1-1.499 *content*; 1.5-2 *discontent*; > 2 *distressed*.

As each person embraces one or more of the four domains of spiritual well-being, her/his Ideal (SLOM) is the standard against which the quality of her/his spiritual health is measured for each domain and as a whole (SHM). However, to gain an overall appreciation of the state of spiritual health of a group or community, it is proposed that the mean value of their SLOMs be compared with their SHMs. Comparison of an individual's scores with the group's could be of value if the group is based on a similar world-view and set of beliefs.

Sensitivity of SHALOM:

In order to give some idea of the sensitivity of SHALOM as a measure of spiritual health in the four domains of spiritual well-being, results from the survey of the 850 secondary school students used to develop the instrument will be further analysed for variations between groups.

Regression analysis revealed that the stated Ideals for each factor accounted most significantly for variance in the Feel results (Communal-26%, Personal-34%, Environmental-49%, Transcendental-51%). School type, gender, and year level also significantly account for variations in factors and total SHM scores, albeit to a small extent (from 1% to 19%). Similar investigation of SWBS on this sample did not reveal any difference by gender, indicating the sensitivity of SHALOM in this regard. Other reported measures of SWB have been unable to reveal significant differences by gender and age[19,28].

Variations in SHM by School type and Gender:

A few summary comments will be given here relating to variations by school type and gender.

Magnitude of spiritual well-being (vibrancy-depression).

Inspection of the Personal factor of SHM shows that students in schools C, A, and D score significantly higher than those in school B, but they all still bear the descriptive *good* for their magnitude of spiritual health in this domain. No significant difference was noted between boys' and girls' reported lived experience in this area (see Table 6 for details).

When comparing schools on the Communal factor, a similar result was found as for the Personal. However, the girls scored significantly higher than the boys in the Communal domain ($t(837) = 4.775$, $p=.000$).

All groups scored at the *moderate* level of magnitude in the Environmental domain, with students in schools C, A and B having significantly higher scores than those in school D. The girls also scored significantly higher than the boys ($t(821) = 2.632$, $p=.009$).

In the Transcendental factor, school D students scored significantly higher (*good*) than the others (*moderate*) in this domain of spiritual well-being, with students in school B scoring significantly lower than those in schools D and C, but not A. No differences were noted between girls and boys on this factor.

Overall, the girls' SHM was significantly higher (*good*) than the boys' (*moderate*) due to their higher scores on the Communal and Environmental factors. School D's SHM score was also higher (*good*) than the others' (*moderate*) due to its much higher score on the Transcendental factor, which more than compensated for its lower Environmental factor score.

Table 6 Mean values (and standard deviations) for SHM and SWBS

Factor	Total	School A	School B	School C	School D	boys	girls
SHM-P	3.75 (.77)	3.80 (.84)	3.58 (.78)	3.83 (.79)	3.75 (.74)	3.71 (.75)	3.79 (.80)
SHM-C	3.90 (.68)	3.96 (.70)	3.77 (.70)	3.92 (.66)	3.93 (.69)	3.80 (.67)	4.02 (.67)
SHM-E	3.14 (.92)	3.25 (.77)	3.24 (.89)	3.24 (.89)	2.99 (.94)	3.06 (.89)	3.23 (.94)
SHM-T	3.22 (1.2)	2.65 (1.1)	2.57 (1.0)	2.79 (1.0)	3.85 (.97)	3.23 (1.1)	3.21 (1.2)
SLOM	3.95 (.66)	3.98 (.65)	3.63 (.65)	3.84 (.72)	4.11 (.56)	3.88 (.67)	4.01 (.63)
SHM	3.51 (.64)	3.42 (.62)	3.29 (.61)	3.46 (.67)	3.64 (.62)	3.45 (.62)	3.56 (.67)
EWB	45.6 (8.6)	46.5 (8.4)	43.2 (9.1)	45.7 (8.7)	46.2 (8.2)	45.7 (8.4)	45.4 (8.7)
RWB	39.8 (13.6)	34.2 (11.3)	30.6 (11.3)	33.4 (12.1)	48.5 (10.2)	40.0 (13.4)	39.6 (13.8)
SWB	85.4 (18.3)	80.6 (16.0)	73.9 (15.6)	79.0 (17.7)	94.7 (15.3)	85.7 (17.6)	85.1 (19.0)

Of particular interest for pastoral care is the identification of people who need help, together with the type of help they need. A descriptive called *spiritual depression* was

postulated as being evidenced by a factor score of less than 1.5/5 on the self-reporting SHM. Table 7 indicates that a higher percentage of students in school A fit this category for the Personal domain, whereas more students from school D feature in the Environmental factor. School D also has least students in the Transcendental factor for spiritual depression. This was interesting to note as the Transcendental factor was the one recording greatest perceived need for help by the students in school D when they completed the re-test on the modified SHALOM. The Year 12 students expressed greater need for help than those in Years 7 and 8 even though the Year 12s' scores were already higher in this domain of spiritual well-being. It appears as if they were missing the RE classes they had in previous years but not currently.

Table 7 Percentage of spiritual depression by school type and gender

factor/ measure	whole sample	School				gender	
		A	B	C	D	male	female
SHM – P	1.2	3.0	1.5	1.3	.5	.5	2.0
SHM – C	.5	-	-	.9	.5	.2	.7
SHM – E	4.4	-	2.9	2.3	7.4	4.5	4.3
SHM –T	10.4	16.8	19.0	14.3	3.2	8.8	12.1
SHM	.7	-	.7	1.8	.5	.2	1.2

Extent of spiritual harmony-distress.

It was mentioned previously that SHALOM has an advantage in that the quality of relationship in each domain of spiritual well-being has two components. Brief comments have been made on the magnitude of the lived experiences. The difference between a person's stated ideal (SLOM) and lived experience (SHM) indicates the degree of harmony–distress in that domain. The greatest differences were observed in students in school A, with differences significantly greater than schools B & C for the Personal & Transcendental factors, with school A > B for the Communal factor. The difference in school D was greater than schools B and C for the Communal factor, with school D > B for the Personal factor.

The school with highest Ideals had more students who were spiritually distressed in some way. Table 8 shows that the greatest amount of spiritual distress is shown by students in school A, especially in the Personal and Transcendental factors. Spiritual distress was

postulated as being evidenced by a difference of greater than two of the maximum four points between SLOM and SHM scores on the self-reporting SHALOM.

Table 8 Percentage of spiritual distress by school type and gender

factor/ measure	whole sample	School				gender	
		A	B	C	D	male	female
mean diff.	1.6	3.0	2.0	2.0	2.0	1.6	1.5
SHM – P	2.3	6.2	1.5	.9	2.2	1.4	3.2
SHM – C	1.1	1.0	.7	1.3	1.9	.9	1.2
SHM – E	3.0	2.1	2.2	1.8	3.3	3.8	2.3
SHM –T	8.5	13.1	6.7	6.3	6.4	9.1	7.9

Although students in school B had the lowest mean values for most factors they were also among those with least difference between SLOM and SHM scores, that is, least distress in any of the domains of spiritual well-being.

Use of SHALOM for Pastoral Care:

It is proposed that SHALOM is suitable for use with individuals and/or groups to determine areas of need for enhancing spiritual health. The proposed descriptives indicate the level of spiritual vibrancy-depression indicated by the scores on SHM, as well as the extent of spiritual harmony-distress illustrated by the difference in scores between SLOM and SHM. A third column has been added to SHALOM, which asks respondents to indicate 'what help you need to nurture/build up your spiritual well-being.' This information can be used directly from inspection of perceived need for help in specific areas (indicated by one or more of the items) or in factors/domains (group of five items clustered together). If large differences (i.e. high spiritual distress levels) are noted between any SLOM and SHM factor and/or overall, yet no help is called for in the help column, it is suggested that this signals an area of major concern.

Current and proposed investigations of individuals and groups in a range of settings should help clarify the significance of the magnitude and difference levels in each of the domains of spiritual well-being as they relate to quality of life for people in this area.

Suitable pastoral care/welfare procedures can be designed and implemented once areas of concern have been identified through investigating the magnitude and/or degree of difference for factors and/or individual items on SHALOM.

CONCLUSION

The initial intention of this study was to develop a spiritual health measure which would be a self-sufficient instrument comparing each person's stated ideal for spiritual health with her/his lived experience (feel). The results indicate that SHALOM has good potential as a balanced, flexible, sensitive instrument in this regard.

Comparisons between students in different schools, at different year levels, and by gender have revealed that the total measure (SHALOM), individual factors (Personal, Communal, Environmental, Transcendental) and differences between ideal (SLOM) and felt (SHM) states of spiritual well-being show variations between groups.

SHALOM is flexible in that it can be used as a 1-, 2-, or 3-Dimensional instrument. If respondents only complete column b (lived experience), 1-D SHALOM is administratively similar to other quantitative SHMs, except that it provides a balanced measure of the four domains of SWB not present in the others. If columns a and b are completed (2-D SHALOM), examination of the difference between the perceived ideal state and lived experience provides depth of understanding of each person's level of SWB. Completion of the third column (3-D SHALOM) gives a direct measure of each person's perceived need for help in nurturing her/his SWB. With the above measures, a basis is provided for considering and implementing appropriate pastoral care/welfare to enhance respondents' spiritual well-being, as a dimension of their overall quality of life.

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APPENDIX A

Spiritual Health And Life-Orientation Measure (SHALOM)©

Spirituality can be described as that which lies at the heart of a person being human.
Spiritual health can be seen as a measure of how good you feel about yourself and how well you relate to those aspects of the world around you, which are important to you.

Please give **three responses** to each of the following items, by **circling the letters** in each of the three columns, to show:

a. how **important** you think each area is **for** an **ideal** state of **spiritual health**, **AND**
b. **how you feel** each item reflects your personal experience most of the time, **AND**
c. what help you need to nurture/build up your spiritual well-being.

Please **respond to all** of the items in **column a**), **then** do **column b**), **then c**).

Each response is graded:

vh = very high **h** = high **m** = moderate **l** = low **vl** = very low.

Do not spend too much time on any one item. It is best to record your first thoughts.

Items	a. ideal for spiritual health	b. how you feel	c. help needed
Developing:			
1. a love of other people	vh h m l vl	vh h m l vl	vh h m l vl
2. a personal relationship with the Divine/God	vh h m l vl	vh h m l vl	vh h m l vl
3. forgiveness toward others	vh h m l vl	vh h m l vl	vh h m l vl
4. connection with nature	vh h m l vl	vh h m l vl	vh h m l vl
5. a sense of identity	vh h m l vl	vh h m l vl	vh h m l vl
Developing:			
6. worship of the Creator	vh h m l vl	vh h m l vl	vh h m l vl
7. awe at a breathtaking view	vh h m l vl	vh h m l vl	vh h m l vl
8. trust between individuals	vh h m l vl	vh h m l vl	vh h m l vl
9. self-awareness	vh h m l vl	vh h m l vl	vh h m l vl
10. oneness with nature	vh h m l vl	vh h m l vl	vh h m l vl
Developing:			
11. oneness with God	vh h m l vl	vh h m l vl	vh h m l vl
12. harmony with the environment	vh h m l vl	vh h m l vl	vh h m l vl
13. peace with God	vh h m l vl	vh h m l vl	vh h m l vl
14. joy in life	vh h m l vl	vh h m l vl	vh h m l vl
15. prayer life	vh h m l vl	vh h m l vl	vh h m l vl
Developing:			
16. emotional well-being	vh h m l vl	vh h m l vl	vh h m l vl
17. bright thoughts	vh h m l vl	vh h m l vl	vh h m l vl
18. peace of mind	vh h m l vl	vh h m l vl	vh h m l vl
19. thinking at a higher level	vh h m l vl	vh h m l vl	vh h m l vl
20. inner peace	vh h m l vl	vh h m l vl	vh h m l vl
Developing:			
21. respect for others	vh h m l vl	vh h m l vl	vh h m l vl
22. meaning in life	vh h m l vl	vh h m l vl	vh h m l vl
23. kindness towards other people	vh h m l vl	vh h m l vl	vh h m l vl
24. clear thinking	vh h m l vl	vh h m l vl	vh h m l vl
25. a sense of 'magic' in the environment	vh h m l vl	vh h m l vl	vh h m l vl

Thank you for completing this survey.

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Note. SHALOM has been reduced to 20 items for general use by removing items 16-19 & 24